

Application Data Sheet

Application Information

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	METHOD OF FILLING COMPRESSED- GAS CONTAINERS WITH GAS
Attorney Docket Number::	4033-1002
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: FRIEDEL
Middle Name::
Family Name:: MICHEL
Name Suffix::
City of Residence:: ERKRATH
State or Province of
Residence::
Country of Residence:: GERMANY
Street of Mailing MOMMSENSTR. 14
Address::
City of Mailing Address:: ERKRATH
State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: 40699

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY
Status:: Full Capacity
Given Name:: ULRICH
Middle Name::
Family Name:: KLEBE
Name Suffix::
City of Residence:: KERKEN/ALDEKERK
State or Province of
Residence::
Country of Residence:: GERMANY
Street of Mailing AM VORSTGRABEN 68
Address::
City of Mailing Address:: KERKEN/ALDEKERK

State or Province of Mailing Address::
Country of Mailing Address:: GERMANY
Postal or Zip Code of Mailing Address:: 47647

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2004/053405	12/10/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
GERMANY	103 605 91.6	12/19/03	Yes

Assignment Information

Assignee Name::
Street of Mailing
Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::